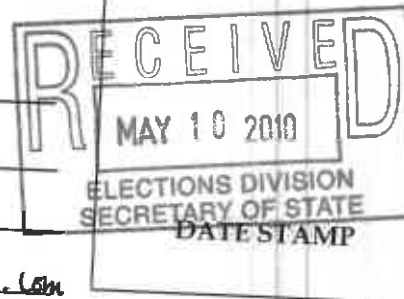


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Bill Gorton Circuit Judge
Address Box 644 - Clinton, MS 39060 - 0644
Telephone 601-373-5000 Fax 601-372-9405
Treasurer Dick Withers Email dwithers@withers-jud.com



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4750 ⁰⁰ + \$100 ⁰⁰	\$ 4850 ⁰⁰	\$ 4850 ⁰⁰
Total amount of disbursements	\$ 2822 ⁰⁷ + \$ -	\$ 2822 ⁰⁷	\$ 2822 ⁰⁷
Total amount of cash on hand		\$ 2,027 ⁹³	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

5/10/2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee William A. GowanReporting period JAN. 1, 2009 through APRIL 30, 2010

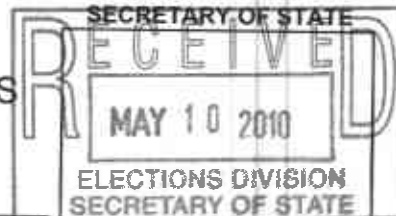
ITEMIZED DISBURSEMENTS

A. Full name <u>CHARLES BARBOUR</u>		Date (Mo., Day, Year) <u>4/28/10</u>	Amount of each disbursement this period \$ <u>2,500⁰⁰</u>
Mailing Address <u>P.O. Box 763</u>			\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>2,500⁰⁰</u>
B. Full name <u>ARTIST-GRAPHICS</u>		Date (Mo., Day, Year) <u>4/28/10</u>	Amount of each disbursement this period \$ <u>322⁰¹</u>
Mailing Address <u>203 TERRY BROOK DR.</u>			\$
City, State, Zip Code <u>TERRY MS 39170</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>322⁰¹</u>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann

SECRETARY OF STATE

Name of Candidate William A. GowanAddress 1113 Poplar Blvd. Jackson, MS 39202 County HindsTelephone Work 601-260-5399 Home 601-948-8069 Fax Contact Name Shelley Gowan Email Address Gowanp1242@AOLOffice Sought Circuit Court Judge 7th District Subdistrict 4
☐ Check here if above is different from previous report

- ☒ **May 10, 2010 Periodic Report** (January 1, 2009, through April 30, 2010).....Mandatory
- ☐ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....Mandatory
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- ☐ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....Mandatory
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- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

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- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4150 ⁰⁰ + \$ 100 ⁰⁰	\$ 4850 ⁰⁰	\$ 4,850 ⁰⁰
Total amount of disbursements	\$ 2,822 ⁰⁷ + \$ -	\$ 2,822 ⁰⁷	\$ 2,822 ⁰⁷
Total amount of cash on hand		\$ 2,027 ⁹³	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate William A. GowanDate 5/10/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period JAN 1 2009 through APRIL 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William D MOUNGER</u>		<u>4/21/10</u>	\$ <u>2,500⁰⁰</u>
Mailing Address <u>3833 Old Canton Rd.</u>		<u>1 1</u>	\$
City, State, Zip Code <u>JACKSON, Ms. 39211</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1 1</u>	\$
Occupation (Required) <u>Oil INVESTMENTS</u>	Aggregate year-to-date		\$ <u>2,500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeff Jorgerson</u>		<u>4/21/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>113 Countrywood Cir.</u>		<u>1 1</u>	\$
City, State, Zip Code <u>CLINTON, Ms 39056</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>Comp of Engineers</u>		<u>1 1</u>	\$
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date		\$ <u>1,000⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leah Jorgerson</u>		<u>4/21/10</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>113 Countrywood Cir</u>		<u>1 1</u>	\$
City, State, Zip Code <u>CLINTON, Ms 39056</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>CLIMMERON Mfg. Co.</u>		<u>1 1</u>	\$
Occupation (Required) <u>SUPERVISOR</u>	Aggregate year-to-date		\$ <u>1,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. CONNER McALLISTER</u>		<u>4/21/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 911</u>		<u>1 1</u>	\$
City, State, Zip Code <u>JACKSON, Ms. 39205</u>		<u>1 1</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1 1</u>	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date		\$ <u>250⁰⁰</u>